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Bib Data Sheet

SERIAL NUMBER 10/716,175	FILING DATE 11/18/2003  RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. API-0002
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/427,634 11/19/2002

C.A

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***NONE  
C.A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CT	4	53	5
Examiner's Signature <u>C.A</u> Initials				

**ADDRESS**

23413

CANTOR COLBURN, LLP

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BLOOMFIELD, CT

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**TITLE**

Substituted aryl thioureas and related compounds; inhibitors of viral replication

<p>FILING FEE RECEIVED .876</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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